

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 522606 (3)
1. Corporation Name
SEDANO'S PHARMACY AND DISCOUNT STORES, INC.



Principal Place of Business
9686 SW CORAL WAY
MIAMI FL 33165

Mailing Address
9686 SW CORAL WAY
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1976	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1728771		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent MARQUEZ, JOSE M 782 NW LEJEUNE ROAD SUITE 543 MIAMI FL 33128				10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Same
NAME	GUERRA, ARMANDO J.	1.2 NAME	Same
STREET ADDRESS	6136 S.W. 10 ST	1.3 STREET ADDRESS	9475 Journey's End Road
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Coral Gables, Florida 33156
TITLE	VSD	2.1 TITLE	
NAME	HERRAN, MANUEL A.	2.2 NAME	
STREET ADDRESS	8460 SW 5TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	Same
NAME	GUERRA, ALBERTO	3.2 NAME	Same
STREET ADDRESS	1641 BRICKELL AVE 1507-0	3.3 STREET ADDRESS	241 Cape Florida Drive
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Key Biscayne, Florida 33149
TITLE	DVP	4.1 TITLE	
NAME	SALGUEIRO, HEBERTO	4.2 NAME	
STREET ADDRESS	1524 SW S66 COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	DVP	5.1 TITLE	
NAME	DIAZ, JOSE F	5.2 NAME	
STREET ADDRESS	9301 SW 103RD ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Heberto Salgueiro* HEBERTO SALGUEIRO 1-19-98 226-2507 (305)

CR2E034 (10/97)